



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

REQUEST FOR ADDITIONAL BARBERING CERTIFICATION

INSTRUCTIONS

Complete this form if you hold a *current* Delaware license as a Cosmetologist or Cosmetologist Instructor and wish for your license to reflect that you are also qualified to teach Barbering. See subsection h of [24 Del. C. §5107 \(a\)\(3\)](#). If you do not already hold a Delaware Cosmetologist or Cosmetologist Instructor license, you must apply for licensure by [examination](#) or [reciprocity](#).

- ☐ Submit completed, signed and notarized [Request for Additional Barbering Certification](#).
- ☐ Submit the [additional barbering certification fee](#) by check or money order made payable to "State of Delaware".
- ☐ Arrange for an official of the Delaware school where you completed the required 35 hours of coursework in Barber Shaving to complete and sign the *School Official Certification* portion of this request form in the presence of a notary. Alternatively, you may arrange for the Board office to receive an official transcript showing that you have completed the required coursework in Barber Shaving, sent directly from the school to the Board office. However, the transcript must show that the coursework included 10 hours of theory and 25 hours of practical in shaving.

If this request is approved, the Board office will issue a revised license certificate showing the additional barbering certification. Your Cosmetologist or Cosmetologist Instructor license number will be the same.

IDENTIFYING AND CONTACT INFORMATION

1. Delaware Cosmetology/Cosmetologist Instructor License Number: _____ - _____
2. Requester's Full Name: _____
First Middle Family (Last)
3. Mailing Address: _____
Street

City State Zip
4. Phone: _____ Email: _____

Arrange for a school official to complete this certification.

DELAWARE SCHOOL OFFICIAL CERTIFICATION

I certify that the person named above has completed 35 hours of Barber Shaving coursework, consisting of 10 hours of theory and 25 hours of practical, in a school approved by the Delaware Department of Education.

Barber Shaving Coursework Completed From _____ To _____

Instructor Name: _____ Delaware License No: _____ - _____

School Name: _____

School Address: _____
Street City State Zip

School Official Name: _____ Title: _____

School Official's Signature: _____ **Date:** _____

Continue to next page

AFFIDAVIT

I certify that the information given by me in this request is true to the best of my knowledge and belief and is made for the express purpose of obtaining an additional teaching certification related to licensure as a Cosmetologist/Cosmetologist Instructor. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Requester: _____ **Date:** _____

State of _____ County or City of _____

_____, being first duly sworn, deposes and says that he/she is the person who executed this request, that the information in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____ 2_____

SEAL

Signature of Notary Public: _____

My commission expires _____

REQUESTS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.